Complete if Known Substitute for Form 1449 A & B/PTO **Application Number** 10/593,103 Confirmation Number 9096 **INFORMATION DISCLOSURE** Filing Date September 15, 2006 STATEMENT BY APPLICANT Yukihiko MASHIMA First Named Inventor (use as many sheets as necessary) Art Unit 1634 **Examiner Name** Shaw, Amanda Marie

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	U.S. PATENT DOCUMENTS						
Examiner	Examiner Cite Document Number		Number	Publication Data			
Initials*	No.1	Number	Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		
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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation
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Shaw, Amanda Marie

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